

Come and Create a
Special Christmas
Memory with your
child(ren) without
a financial burden!



This weekend has been
designed just for you to
enjoy time together in a
quiet, peaceful setting at
the Brethren Retreat.



BRETHREN RETREAT

at Shipshewana Lake

REFRESH YOUR LIFE

9095 W 275 N
Shipshewana, IN, 46565
www.brethrenretreat.org

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*Singles With Children
December, 14-16 2018*

You're Invited

SINGLES WITH CHILDREN CHRISTMAS RETREAT



December 14-16, 2018



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Weekend Schedule

Friday, December 14th

- 7:00 pm Registration
- 7:30 pm Welcome / Get to Know Everyone
- 8:00 pm Hot Chocolate & Snacks
- 8:30 pm Campfire
- 9:15 pm Parent & Child Story Time
- 9:30 pm Bedtime

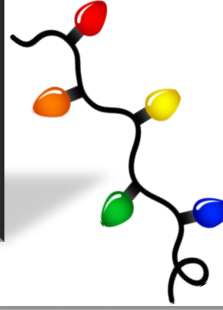
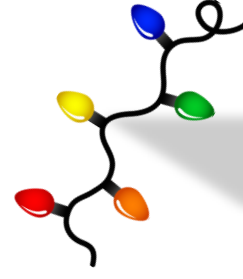
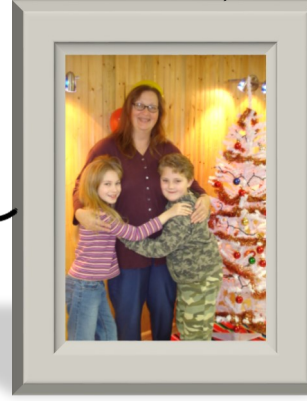
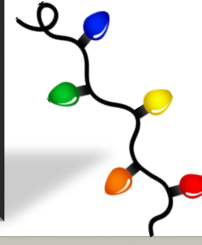
Saturday, December 15th

- 8:30 am Breakfast
- 9:30 am Family Devotions
- 10:00 am Cookie Decorating
- 11:00 am Candy Cane Hunt
- 12:00 pm Lunch
- 1:00 pm Family Time
- 3:00 pm Crafts
- 5:00 pm Dinner
- 6:00 pm Christmas Caroling
- 7:30 pm Christmas Movies!
(Hot Chocolate and Christmas Snacks)
- 9:00 pm Parent & Child Story Time
- 9:15 pm Bedtime

Sunday, December 16th

- 8:30 am Breakfast
- 9:15 am Family Devotions
- 9:45 am Worship and the Christmas Story
- 11:30 am Lunch & Departure

All events are free of cost to the participants.



**Bed Linens are provided.
Bring your toiletries, towel, warm
clothes, hats, gloves, scarfs, extra
set of clothes (In case other one gets
wet), snowsuit & boots**

REGISTRATION FORM 2018 Singles w/ Children Christmas Retreat 2018 REGISTRATION FORM

Adult's Name: _____ Sex: M F Age: _____ DOB: _____ / _____ / _____ State: _____ Zip: _____
 Address: _____ City: _____ Home Phone: (____) _____ Cell Phone: (____) _____
 eMail: _____ Position: _____ Church: _____
 Employer: _____
 Child's Name: _____ Sex: M F Age: _____ DOB: _____ / _____ / _____
 Child's Name: _____ Sex: M F Age: _____ DOB: _____ / _____ / _____
 Family / Individual Interests: _____

In signing this document, I hereby certify that the written information is accurate and give permission for the use of photography and video of my family & child(ren) to be used in camp publicity; for my family & child(ren) to be transported in camp owned vehicles to and from off campus activities; for the release of medical records in case of illness or injury and for the family & child(ren) named herein to engage in all camp activities, except as noted by me or an attending physician. I also give permission to the physician selected by the Brethren Retreat to hospitalize, secure proper treatment for, to order injection, anesthesia, or surgery for my family & child(ren) as named above.

Parent/Guardian Signature: _____ Date: _____
 Emergency Contact / Relationship: _____ Phone: (____) _____
 Medications: _____
 Behavioral / Other: _____ Activity Restrictions: _____

Please complete & complete by Fri, Dec. 7th
Brethren Retreat
 at Shipshewana Lake
 9095 W 275 N - Shipshewana, IN, 46565

*Please use a separate piece of paper for additional family and children information * Parent/Guardian will be asked to complete a Medication Form for prescriptions upon arrival*